

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	M-F		
O.I.P.E. CLASSIFIER	RSD		5/2/01
FORMALITY REVIEW	<i>[Signature]</i>	1098	06/04/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 -+ ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	
1	12/2/67
2	12/2/67
3	12/2/67
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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5-16/1088

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06/04/01